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United Nations Population Fund

Country programme document for the Lao People's Democratic Republic

Proposed indicative UNFPA assistance:	$24 million: $13 million from regular resources and $11 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.8	9.5	14.3
Outcome 2	Adolescents and youth	4.2	1.4	5.6
Outcome 4	Population dynamics	3.0	0.1	3.1
Programme coordination and assistance		1.0	-	1.0
Total		13.0	11.0	24.0

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I. Situation analysis

1. The Lao People's Democratic Republic is a landlocked, mountainous country with a highly dispersed and thinly spread population, estimated at 6.5 million (2015). Currently, two thirds of the population live in rural areas; however, the urban population is increasing rapidly due to rural-urban migration.

2. Reforms to transform a centrally planned economy to a market-oriented one have yielded significant results with increased foreign direct investment and 8 per cent annual economic growth, mainly fuelled by investments in infrastructure projects. However, strong economic growth has not led to the expected level of poverty reduction.

3. In 2016, the country integrated into the Association of Southeast Asian Nations Economic Community and aims to become eligible for graduation from its least developed country status by 2020. The eighth National Socio-Economic Development Plan (2016-2020) underpins this ambition, with an emphasis on reducing poverty, human development and promoting sustainable and inclusive growth, in line with the Sustainable Development Goals.

4. The Lao People's Democratic Republic is an ethnically diverse country, with 49 officially recognized ethnic groups. Disparities in sexual and reproductive health are concentrated among ethnic minority communities and strongly correlated with geospatial disadvantages. Poverty reduction has varied by both topography and location, with rising poverty rates in three provinces. Ethnicity and education are key determinants of poverty, and result in significant disparities and socioeconomic exclusion for certain ethnic minority populations. Moreover, increased inequality in urban areas has slowed down poverty reduction.

5. The country has a young population structure, with 58 per cent under the age of 25 years, representing a potential demographic dividend, with an increase in the working-age population and a falling dependency ratio. To achieve the dividend, investments need to be increased in human capital development. However, the health and education system are still systemically weak. Only 45 per cent of youth are attending secondary school; this drops to 14 per cent in the lowest economic quintile. The total work force to meet maternal health needs is considerably low, at around 19 per cent of total needs in 2012. The challenge remains in reforming the health and education system so that all people benefit from these opportunities.

6. The country achieved the Millennium Development Goal target of reducing the maternal mortality ratio to an estimated 220 per 100,000 live births in 2013, yet it remains the highest in South-east Asia. The proportion of births assisted by trained health personnel is 42 per cent; the percentage of facility-based deliveries is lower (38 per cent), and even lower in remote rural areas and among ethnic minorities.

7. The total fertility rate is 3.2 (2011-2012) but significantly higher (5.3) in the lowest socioeconomic quintile. The modern contraceptive prevalence rate among married women is 42 per cent, with disparities ranging from 18 per cent among the Hmong-Mien to 46 per cent in Lao-Tai group. The unmet need for family planning is high (20 per cent) and even higher among some ethnic groups (31 per cent). The adolescent birth rate is high, at 94 live births per 1,000 girls aged 15-19 years, and highest in the poorest economic quintile (183) and among girls with low education (190). The adolescent contraceptive use rate is 22.3 per cent; the unmet need for contraception is 22.6 per cent.

8. Significant advances have been made in legislation and policy frameworks related to sexual and reproductive health and reproductive rights. However, implementation remains a challenge: insufficient human resource capacities and inadequate resources at national and subnational levels hinder transforming national policies into functioning plans. Additionally, geographical, social, cultural and financial barriers impede access to services. Moreover, operational first-line

community health centres in rural areas are not in place, in urban areas, most people rely on unregulated private care.

9. The Government has reinforced its commitment to increase investment in reproductive health, including family planning, as demonstrated in the recent commitment to the Family Planning 2020 global initiative. The Reproductive, Maternal, Neonatal and Child Health Strategy, embracing a comprehensive life-cycle approach to reproductive health, has been developed. Ongoing health-sector reforms aimed at achieving universal health coverage are moving towards a decentralized and results-based approach to health-service delivery and target strengthening capacity and increasing ownership at local levels so that more people participate.

10. Although the country has made significant advances in promoting gender equality in the national legislative and policy arenas, the Lao People's Democratic Republic ranks in the bottom 40 per cent globally and as the lowest in South-east Asia in the Gender Development Index. This is largely due to its high maternal mortality ratio and high adolescent fertility rate. Gender disparities in education, health and political participation persist; and violence against women is a concern. Recent data shows that 1 in 7 women experienced physical or sexual violence by their husbands in their lifetime and 6 per cent are currently experiencing physical or sexual violence by husbands.

11. The country relies on census and surveys for population data, as data generated by its administrative information systems are not reliable or consistent. The limited capacity to collect, analyse and utilize high-quality data and information on population, reproductive health and gender issues hinders efforts to ensure evidence-based planning and policymaking at national and subnational levels.

II. Past cooperation and lessons learned

12. The previous programme cycle (2012-2016) improved the coverage and quality of sexual and reproductive health information and services, including for young people; ensured remote communities have access to an integrated package of maternal, neonatal and child health services; and increased capacities for research and analysis in demography, reproductive health, gender and youth for evidence-based policy advocacy.

13. Instead of a country programme evaluation, a joint evaluation of the United Nations Development Assistance Framework (2011-2016) and thematic evaluations on community mobilization and skilled birth attendance were conducted. The three reports highlighted the following results: (a) strengthened governance and management capacity in the health sector; (b) improved quality of health service provision; (c) mobilized communities for maternal, neonatal and child health; (d) reached 60 per cent of young people aged 15-24, providing sexual and reproductive health life-skills education through extracurricular formal, non-formal and technical schools; (e) generated disaggregated data and evidence on the needs of diverse various population groups, including rural and ethnic groups, to inform policymaking and programme development; (f) strengthened statistical capacity on population data; (g) strengthened coordination and investment in gender equality, improving gender mainstreaming and systematic disaggregation of data; and (h) developed an appropriate human rights strategy and plan to implement the Government's response to the Universal Periodic Review.

14. Lessons learned include: (a) only sustained, coordinated efforts to improve the current low levels of quality and capacity will achieve results; (b) exit strategies are essential to ensuring sustainability of service delivery interventions; (c) inequalities and geographical disparities, intersecting with ethnicity, as well as acceptability and quality of care, are key determining factors for access to health services; (d) there needs to be a stronger focus on outreach activities, media campaigns and community mobilization targeting urban young people as well as youth in the remote areas.

15. The evaluation recommendations aim to: (a) make health systems meet minimum standards for human resources, infrastructure, supplies and management, especially in the area of midwifery; (b) define service delivery for integrated maternal care interventions at community, primary and other levels of health care; (c) establish quality-assurance mechanisms for health workers' capacity development; and (d) support the extension of reproductive health curricula in school education and explore alternative ways to reach remote communities.

III. Proposed Programme

16. The new country programme will focus on upstream policy support and catalytic interventions at the subnational level in selected geographical areas, based on priority needs identified through situation analyses, stakeholder consultations, lessons learned from past programmes and the United Nations country team approach, aimed at targeting the most marginalized areas and groups. The programme is aligned with the United Nations Partnership Framework (UNPF) 2017-2021, the Sustainable Development Goals and the eighth National Socio-Economic Development Plan; it is guided by key normative commitments, including the Convention on the Elimination of All Forms of Discrimination against Women and the International Conference on Population and Development, and government responses to the 2015 Universal Periodic Review. It will contribute to a transformative development agenda by advocating for increased investment in social development and inclusive growth. The programme will seek to strengthen institutions and systems, leverage partnerships and engage in evidence-based policy advocacy as key strategies. The direct beneficiaries of the programme will be women and young people, especially adolescent girls, with a focus on populations marginalized by geographic residence and ethnicity, in support of a development model that is inclusive and sustainable. Gender will be mainstreamed across the programme.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Strengthened policy framework and implementation means to ensure universal and equitable access to sexual and reproductive health services. The Programme will: (a) advocate for universal health coverage, including full implementation of the National Family Planning Action Plan and the Reproductive, Maternal, Neonatal and Child Health Strategy to address inequalities and disparities in access to services, in particular for unmarried young people and ethnic minorities, with a special focus on girls; (b) strengthen the capacity of community health workers to deliver services and increase awareness of and demand for sexual and reproductive health services in their communities; (c) advocate for increased government financial resources and equitable recruitment and deployment of human resources for reproductive health, to address family planning needs of marginalized groups; (d) support the development of institutional and technical capacity of the Ministry of Health to address the unmet need for family planning, youth-friendly health services and humanitarian response; (e) provide technical support to improve commodity procurement and supply-chain management system at national and subnational levels; and (f) advocate for a health-sector response to gender-based violence.

18. Output 2: Increased national capacity to deliver comprehensive midwifery services to ensure safe pregnancy, delivery, and childbirth services. The programme will support: (a) institutional strengthening of midwifery training institutes, with a focus on quality assurance, through multiple strategies, including South-South cooperation; (b) capacity development of the midwifery faculty to deliver education in line with international standards, with inclusion of adolescent-friendly services and family planning; (c) development of guidelines, protocols and standards of midwifery practice and supportive supervision to improve the quality of care, particularly in remote districts; and (d) advocacy for full implementation of the Midwifery Improvement Plan aligned with the health-sector human resource development plan; and (e) the establishment of the Lao Association of Midwives.

B. Outcome 2: Adolescents and youth

19. Output 1: Increased availability of gender-sensitive sexual and reproductive health and rights information and services for adolescent. The programme will: (a) advocate for the integration of gender-sensitive comprehensive sexuality education, including a gender-based violence component in the curricula of non-formal primary education, and teacher and vocational training institutes; (b) support ministries and civil society organizations to implement programmes for adolescent girls and participatory initiatives for youth development; (c) address barriers to promote and achieve adolescent sexual and reproductive health services and reproductive rights, with a particular focus on access to contraception, and prevention of adolescent pregnancy, especially among ethnic groups; (d) promote greater investments for young people, particularly adolescent girls; and (e) develop and implement gender-sensitive behaviour change communication strategies, particularly by engaging men and boys, to address norms that constrain access to sexual and reproductive health services.

C. Outcome 4: Population dynamics

20. Output 1: Strengthened national capacity for the production, analysis and use of high-quality disaggregated data on sexual and reproductive health, gender and population dynamics for the formulation, implementation and monitoring of evidence-based policies, plans and programmes. The programme will support: (a) the Lao Statistics Bureau and other research institutions to generate evidence through in-depth analysis of survey and census data, taking into account gender, geography, ethnicity and age groups; (b) research on reproductive health, young people, gender and demographic analysis for evidence-based advocacy for social investment, for improving policy implementation and shifting the development discourse from economic growth to inclusive sustainable development; (c) training institutes in curriculum development on population and social development; and (d) national capacity-building to generate, communicate and utilize evidence for planning and decision-making, with a focus on the rights of women, gender-based violence, young people and ethnic minorities.

IV. Programme management, monitoring and evaluation

21. The programme will use national and direct execution modalities and apply a results-based management approach to planning and implementation. Communication, partnership and resource mobilization plans will be developed to facilitate delivery of the programme. Under the UNPF, UNFPA will participate in joint programmes to leverage resources and develop synergies with other United Nations organizations.

22. The Ministry of Planning and Investment will be the coordinating authority for the programme and, together with the Ministries of Health and Education, will oversee the delivery of programme outcomes and outputs. In case of emergency, UNFPA may, in consultation with the Government, reprogramme activities toward emergency response interventions aligned with UNFPA mandates.

23. UNFPA and the implementing partners will develop and implement a monitoring and evaluation framework in line with the UNPF and the National Socio-Economic Development Plan monitoring and evaluation mechanism. Progress will be assessed during bilateral quarterly meetings, joint annual programme reviews and the government-led round table process.

24. The UNFPA country office comprises a representative, a deputy representative, and programme and operations staff, based on country programme requirements. The office will seek external and internal technical assistance, if required.

RESULTS AND RESOURCES FRAMEWORK FOR LAO PEOPLE'S DEMOCRATIC REPUBLIC (2017-2021)

National priority: Human resources developed, public/private workforce capacity upgraded, poverty in all ethnic groups reduced, equal access (female/male) for all ethnic groups to high-quality education and health services, the unique Lao culture promoted, protected and developed, political stability maintained with social peace and order, justice and transparency.
United Nations Partnership Framework (UNPF) Outcome 5: By 2021, people enjoy improved access to quality health services, and water, sanitation and hygiene.
Indicator: Maternal mortality ratio. *Baseline: 220 per 100,000 live births; Target: 160 per 100,000 live births*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Modern contraceptive prevalence rate (disaggregated by age, marital status, urban/rural, ethnic groups) *Baseline: 42%; Target: 65%* • Proportion of demand for contraceptives satisfied *Baseline: 71.4% (61.3% by modern methods); Target: 79% (69%)* • Percentage of live births attended by skilled birth attendant *Baseline: 41.5%; Target: 80%*	Output 1: Strengthened policy framework and implementation means to ensure universal and equitable access to sexual and reproductive health services	• Percentage of increased government expenditures on family planning programme *Baseline: TBD; Target: 15% increased* • Number of institutes and civil society organizations trained to implement the right-based and gender-sensitive adolescent sexual and reproductive health guidelines *Baseline: 0; Target: 6* • Integration of essential Reproductive Health medicines and equipment specified in the Reproductive, Maternal, Neonatal and Child Health Strategy in the mSupply (electronic stock/supply management) system *Baseline: 3 provinces; Target: 18 provinces*	Ministries of Health; Education and Sport; Planning and Investment; Lao Youth Union; Lao Women Union; Provincial Health Department; development partner and civil society organizations; the media	$8.6 million ($2.9 million from regular resources and $5.7 million from other resources)
	Output 2: Increased national capacity to deliver comprehensive midwifery services according to international standards	• Percentage of trained midwifery teachers according to international standards of total midwifery teachers in university education *Baseline: 9.5%; Target: 75%* • Percentage of accredited midwives from ethnic groups graduated and deployed as midwives of their ethnic community at large of all ethnic midwives graduated *Baseline: Estimated <7% (limited data available); Target: 25%*	Ministry of Health; Health Sciences Colleges; Lao Association of Midwives; development partner organizations	$5.7 million ($1.9 million from regular resources and $3.8 million from other resources)
National priority: Human resources developed, public/private workforce capacity upgraded, poverty in all ethnic groups reduced, equal access (female/male) for all ethnic groups to high-quality education and health services, the unique Lao culture promoted, protected and developed, political stability maintained with social peace and order, justice and transparency. **UNPF Outcome 5:** By 2021, people enjoy improved access to quality health services, and water, sanitation and hygiene. **Indicator:** Maternal mortality ratio. *Baseline: 220 per 100,000 live births; Target: 160 per 100,000 live births*				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Output 1: Increased availability of gender-sensitive adolescent sexual and reproductive health and rights information and services	• Developed evidence-based, gender-sensitive costed intervention model for sexual and reproductive health needs of specific groups of adolescents and youth *Baseline: 0; Target: 1* • Evidence-based policy and programming platforms for dialogue focusing on adolescent pregnancy, with the participation of young people, stakeholders and policy-makers implemented *Baseline: 0; Target: 3*	Ministries of: Health; Education and Sport; Lao Youth Union; Vientiane Youth Centre; Lao Women Union; development partner organizations; the media; civil society organizations	$5.6 million ($4.2 million from regular resources and $1.4 million from other resources)

Outcome indicator(s): • Number of policies that allow adolescents, especially girls (regardless of marital status) access to sexual and reproductive health services *Baseline: 1, Target: 2*		• Proportion of health facilities with staff trained in adolescent sexual and reproductive health service delivery in target area using the developed training guidelines. *Baseline: 0; Target:75 of all target provinces* • National comprehensive gender-responsive sexuality education integrated into the curriculum for young people in school and out of school according to international standards *Baseline: No; Target: Yes*		
National priority: Human resources developed, public/private workforce capacity upgraded, poverty in all ethnic groups reduced, equal access by female/male/all ethnic groups to quality education and health services, the unique Lao culture promoted, protected and developed, political stability maintained with social peace and order, justice and transparency. **UNPF Outcome 7:** By 2021, institutions and policies at national and local level support the delivery of quality services that better respond to citizens' needs **Indicator:** Extent to which the National Socio-Economic Development Plan monitoring informs evidence-based policy making. *Baseline: Limited extent; Target: Large extent*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Lao Statistic Bureau collected, analysed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years) *Baseline: 1, Target: 1* • Proportion of new national development plans that address population trends and projections in setting development *Baseline: 1, Target: 3*	Output 1: Strengthened national capacity for production, analysis and use of quality disaggregated data on sexual and reproductive health, gender and population dynamics for the formulation, implementation and monitoring of evidence-based policies, plans and programmes	• Disaggregated data available to monitor the 6 indicators of the 8th National Socio-Economic Development Plan related to Sexual and Reproductive Health *Baseline: No; Target: Yes* • National Population and Development Policy approved and updated on latest data and research to address issues of inequality and reflect linkage between population dynamics and inclusive sustainable development *Baseline: No, Target: Yes* • Number of UNFPA-supported national research and studies based on the Population and Housing Census 2015 *Baseline: 0; Target: 6* • Number of policy papers on gender based violence, and adolescent pregnancy in different ethnic groups based on surveys, including gender-based violence prevalence study *Baseline: 0; Target: 3*	Ministries of: Planning and Investment; Health; Education and Sport; Lao Statistics Bureau; National University of Laos; National Assembly; National Commission for the Advancement of Women; Lao Women Union; Lao Youth Union; the media; development partner organizations	$3.1 million ($3 million from regular resources and $0.1 million from other resources) Total for programme coordination and assistance: $1.0 million from regular resources